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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/245,811 11/03/2000

YES PPH

** FOREIGN APPLICATIONS *****

none PPH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/26/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>PPH</i>	INITIALS <i>PPH</i>		
Verified and Acknowledged				

ADDRESS

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TITLE

Medical grasping device

FILING FEE RECEIVED 906	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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